

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41318

State File No. _____

5954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Merriam	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) 7720 West 57th Terrace <u>8150</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Margaret	b. (Middle) Taylor	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) 12-25-1954
---	---------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>1</u>	8. DATE OF BIRTH Oct. 10-1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	--	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Unknown Virginia	12. CITIZEN OF WHAT COUNTRY? U S A
--	--	--	---

13a. FATHER'S NAME B. Taylor	13b. MOTHER'S MAIDEN NAME Harriet Wintersom	14. NAME OF HUSBAND OR WIFE Ferdinand S. Wilson
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sewell T. Wilson, 7720 W. 57th Terr.	ADDRESS
---	-------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Colon		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis		1537

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 1953, to Dec 25, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. A. Slentz (Degree or title) M.D. MD	23b. ADDRESS 315 Nichols Rd. Kansas Mo.	23c. DATE SIGNED 12/25/54
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-25-1954	24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery E. Millstone, New Jersey	24d. LOCATION (City, town, or county) (State)
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 12-28-54	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos	ADDRESS Funeral Home, Shawnee Kansas
--	--	--	---

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

7/12/11
2116

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. Paul Amos

E. Paul Amos
Licensed Embalmer No.....4385

P. O. Address..... Shawnee, Ka

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.